



Conflict of Interest CANDIDATE Statement of Financial Interest

1.29.18
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JAN 29 2018
S.D. SEC. OF STATE

Candidates who files:

State and Federal Office candidates (United States Senate, United States House of Representatives, Governor, State Legislator, circuit court judge and Supreme Court Justice SDCL 12-25-28);

Convention Nominee candidates (Lieutenant Governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands SDCL 12-25-29), and 79th day of January 2018

Local Office candidates (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality SDCL 12-25-30)

Deadline to file: Within **15 days** after filing nominating petitions (Supreme Court Justice files within 15 days of notifying Secretary of State of his intention to place his name on the retention ballot) or certification of convention nomination.

SECRETARY OF STATE

File with: The Secretary of State **except local candidates** file with the office where they file their nominating petition.

Please print:

Full Name

David L. Anderson

Complete Address

29177 477th Ave. Hudson SD 57034

Office Sought (list District number if applicable)

State Representative - Dist. 16

What is your occupation/profession?

Farming - Insurance

List any source of funds (business or economic relationship) which contributes **more than 10%** of or **more than \$2,000** to your family's (includes spouse, minor children living at home) **gross income** in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) **controls more than 10% of the capital or stock**. Identify who receives the income from each enterprise but do not include the value. (SDCL 12-25-27)

**The intent of this form is to collect specific information, not generalities. Do not put N/A or leave the grid blank.*

Name of Candidate or Family Member	Name the Source of Funds (Ex: current employer, SD Legislature, 401K, benefits, etc.)	Relationship to funds (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
David Anderson	Self - Farming	owner
	Self - Ins. Agency	owner
	Farm Mutual Ins. Co.	Employee
	North Star Mutuals	Director
	State of SD - Legislature	Representative
	Rental property	owner
	HIA, LLC	Partner
Korea Anderson	Moe Parish	Church Secretary

I declare and affirm under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of myself and my immediate family's financial interests for the preceding calendar year.

(Signature)

(Date)

[Signature]

1-29-18